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Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS		
Case number (if known):	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Y	our full name		
go id yo	Vrite the name that is on your overnment-issued picture lentification (for example, our driver's license or assport).	Diane First Name L Middle Name	First Name  Middle Name
P	азорону.	Foster	
	ring your picture lentification to your meeting	Last Name	Last Name
W	ith the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. A	II other names you		
	ave used in the last 8 ears	First Name	First Name
	nclude your married or	Middle Name	Middle Name
m	naiden names.	Last Name	Last Name
3. O	only the last 4 digits of		
	our Social Security	xxx - xx - 3   6  9  9	xxx - xx
	umber or federal ndividual Taxpayer	OR	OR
lo	lentification number	9xx - xx -	9xx - xx -

(ITIN)

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Del	otor 1 Diane	L Foster	Case number (if known)
	First Name	Middle Name Last Name	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer	✓ I have not used any business names	or EINs.
(	Identification Numbers (EIN) you have used in the last 8 years	Business name	Business name
	Include trade names and doing business as names	Business name	Business name
	doing business as names	Business name	Business name
		EIN	EIN
		EIN	
5.	Where you live		If Debtor 2 lives at a different address:
		373 Jefferson Avenue	
		Number Street	Number Street
		Glencoe IL 60022	
		City State ZIP Code	City State ZIP Code
		соок	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	_
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing	Check one:	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing to petition, I have lived in this district lot than in any other district.	
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
Р	art 2: Tell the Cou	rt About Your Bankruptcy Case	
7.	The chapter of the Bankruptcy Code you		, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing e top of page 1 and check the appropriate box.
	are choosing to file under	Chapter 7	
		Chapter 11	
		Chapter 12	
		— Chapter 13	

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Deb	otor 1 Diane	L	Foster	Case number (if known	)
	First Name	Middle Name	Last Name		,
8.	How you will pay the fee	court pay w	pay the entire fee when I file me for more details about how you me ith cash, cashier's check, or more, your attorney may pay with a contract of the contract	may pay. Typically, if you are pney order. If your attorney is so	paying the fee yourself, you may ubmitting your payment on your
			d to pay the fee in installments duals to Pay Your Filing Fee in I		
		By law than fee in	150% of the official poverty line t	ed to, waive your fee, and may that applies to your family size s option, you must fill out the A	do so only if your income is less
9.	Have you filed for	<b>√</b> No			
	bankruptcy within the last 8 years?	☐ Yes.			
	idst o years?	District		When	Case number
				MM / DD / YYY	Case numberY
		District _		When	Case number
		District			Case numberY
10.	Are any bankruptcy	<b>☑</b> No			
	cases pending or being filed by a spouse who is	☐ Yes.			
	not filing this case with	Debtor		Relation	ship to you
	you, or by a business partner, or by an	District			Case number,
	affiliate?	_		MM / DD / YYY	
		Debtor		Relation	ship to you
		District _		When	Case number,
11.	Do you rent your residence?	☑ No. ☐ Yes.	Go to line 12.  Has your landlord obtained an residence?  No. Go to line 12.	eviction judgment against you	and do you want to stay in your
			Yes. Fill out Initial Statem and file it with this bankrup	ient About an Eviction Judgme otcy petition.	nt Against You (Form 101A)

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Deb	tor 1	Diane First Name	L Middle N	lama	Foster Last Name		Case number (i	if known)	
P	art 3:	<b>-</b>			sses You Own as a	a Sole Prop	rietor		
12.	-	u a sole proprietor full- or part-time ss?	<b>☑</b>		Go to Part 4. Name and location of b	usiness			
	busines individu separat	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or			Name of business, if any  Number Street				
	sole pro	ave more than one oprietorship, use a see sheet and attach it petition.			City  Check the appropriate  Health Care Busi Single Asset Rea Stockbroker (as of Commodity Broke) None of the above	ness (as define I Estate (as de defined in 11 U er (as defined i	ed in 11 U.S.C. § fined in 11 U.S.C .S.C. § 101(53A)	101(27A)) C. § 101(51B))	ZIP Code
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>		can mos	set ap st rece	ppropriate deadlines. If	you indicate the nent of operation	at you are a smal	ll business deb atement, and fe	business debtor so that it otor, you must attach your ederal income tax return 116(1)(B).
	debtor?	$\square$	No.	I am not filing under C	hapter 11.				
		For a definition of small business debtor, see		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but I am	n NOT a small bu	siness debtor	according to the definition in
		C. § 101(51D).		Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I am	n a small busines	s debtor accor	rding to the definition in the
Pa	art 4:	Report If You (	Own o	r Hav	e Any Hazardous I	Property or	Any Property	/ That Need	ds Immediate Attention
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable			No Yes.	What is the hazard?				
	safety?	to public health or ? Or do you own operty that needs iate attention?			If immediate attention	is needed, why	y is it needed?		
	For exa perisha livestod a buildi repairs			Where is the property?	_	treet			
						City			State 7IP Code

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Debtor 1 Diane Foster Case number (if known) First Name Middle Name Last Name

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one: I received a briefing from an approved credit counseling agency within the 180 days before I

**About Debtor 1:** 

filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing a	bou
credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making

rational decisions about finances.

through the internet, even after I

reasonably tried to do so.

 □ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency. along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

#### ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me □ Disability. to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1	Diane First Name	L Middle N	Foster Last Name		Case number (if	know	n)
P	art 6:	Answer These	Quest	ions for Reporting Pu	rpos	ses		
16. What kind of debts do you have?			16a	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.				
money for a b ☐ No. Go								
			16c	State the type of debts yo	u ow	e that are not consumer or but	sines	s debts.
17. Are you filing Chapter 7?		•	V	No. I am not filing under	Chap	oter 7. Go to line 18.		
	any ex	estimate that after empt property is			•	•	-	xempt property is excluded and to distribute to unsecured creditors?
	admini	excluded and administrative expenses		□ No				
	availab	d that funds will be ble for distribution ecured creditors?		Yes				
18.		any creditors do timate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you te your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

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Debtor 1	<b>Diane</b> First Name	L Middle Name	Foster Last Name	Case number (if known)			
Part 7:	Sign Below						
For you		I have exam and correct.	ined this petition, and I de	eclare under penalty of perjury that the information provided is true			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
			If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request reli	ef in accordance with the	chapter of title 11, United States Code, specified in this petition.			
		connection v	•	t, concealing property, or obtaining money or property by fraud in n result in fines up to \$250,000, or imprisonment for up to 20 years, 9, and 3571.			
		X /s/ Diane Diane L F	e L Foster Foster, Debtor 1	X Signature of Debtor 2			
		Executed	I on 11/14/2016 MM / DD / YYYY	Executed on MM / DD / YYYY			

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Debtor 1	Diane	L	Foster	Case number (if know	n)
	First Name	Middle Name	Last Name		
For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page.		eligibility to p relief availab the debtor(s)	proceed under Chapter 7, 11 le under each chapter for w the notice required by 11 U	hich the person is eligible. I als J.S.C. § 342(b) and, in a case in	ates Code, and have explained the o certify that I have delivered to
			OLD M. SAALFELD e of Attorney for Debtor	Date	11/14/2016 MM / DD / YYYY
		HAROLI	D M. SAALFELD		
		Printed na	ame		
		HAROLI Firm Nam	D M. SAALFELD, ATTOR	RNEY AT LAW	
			TH COUNTY STREET		
		Number	Street		
		SUITE 2	R		
		WAUKE	GAN	IL	60085-4342
		City		State	ZIP Code
		Contact p	phone (847) 249-7538	Email address wauk	eganlaw@gmail.com
		6231257	,		
		Bar numb	per	State	_

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Fill in this	information to identify	your case and this filing:		
Debtor 1	Diane L	Foster		
	First Name Mid	dle Name Last Name		
Debtor 2	ing) First Name Mid	dle Name Last Name		
United States	Bankruptcy Court for the: NC	ORTHERN DISTRICT OF ILLINOIS		
Case number (if known)			☐ Check if this is a	an
(11 14110411)			amended filing	
o <i></i>	400A/D			
	rm 106A/B			
Schedule	A/B: Property			12/1
Part 1:	orm. On the top of any addit	le for supplying correct information. If moional pages, write your name and case nutee, Building, Land, or Other Real	umber (if known). Answer every quest	ion.
ш	Where is the property?			
1.1. <b>373 Jefferso</b> l Street address, if a	n St available, or other description	What is the property? Check all that apply.  ✓ Single-family home  ☐ Duplex or multi-unit building	Do not deduct secured claims or examount of any secured claims on Socreditors Who Have Claims Secure  Current value of the Curren	chedule D:
		Condominium or cooperative		you own?
Glencoe	IL 60022-187	— <b>一</b>	\$3,000.00	\$3,000.00
LAKE	State ZIP Code	☐ Land ☐ Investment property ☐ Timeshare — ☐ Other	Describe the nature of your owner interest (such as fee simple, tenar entireties, or a life estate), if know	ncy by the
County		Who has an interest in the property?	Fee Simple	
4 bedroom h	ome	Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anot	Check if this is community pro (see instructions)	operty
		Other information you wish to add aboroperty identification number: 05-	out this item, such as local 07-409-025	
		u own for all of your entries from Part 1, ii or Part 1. Write that number here		\$3,000.00
Part 2:	Describe Your Vehicles	<u> </u>		
-		ble interest in any vehicles, whether they se a vehicle, also report it on Schedule G: E	-	
3. Cars, van	s, trucks, tractors, sport util	ity vehicles, motorcycles		
□ No <b>☑</b> Yes				

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Debt	or 1 Diane First Name	L Middle Name	Foster Last Name	Case number (if known)	
3.1. Make	el:	Lincoln MKZ	Who has an interest in the property? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the	ims on Schedule D:
Year		2012	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	oximate mileage:	11,000	At least one of the debtors and anoth	ner <b>\$15,000.00</b>	\$15,000.00
		(approx. 11000	Check if this is community propertions (see instructions)	ŧy	
			and other recreational vehicles, other value watercraft, fishing vessels, snowmobiles		
			own for all of your entries from Part 2, in Part 2. Write that number here	_	\$15,000.00
Pa	rt 3: Desc	ribe Your Personal	and Household Items		
Do y	ou own or have	any legal or equitable in	nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	_	ds and furnishings r appliances, furniture, line	ens, china, kitchenware		
	☐ No ☑ Yes. Descril	De Household Goo All furniture ove			\$400.00
	•		video, stereo, and digital equipment; compevices including cell phones, cameras, me	•	
	☐ No ☑ Yes. Descrit	pe Samsung 37" tw 1 analog tV	vo		\$100.00
		ues and figurines; paintin	gs, prints, or other artwork; books, pictures collections; other collections, memorabilia,	•	
	☑ No ☐ Yes. Describ	oe			
	Examples: Sport		e, and other hobby equipment; bicycles, po tools; musical instruments	ol tables, golf clubs, skis;	
	✓ No  ✓ Yes. Describ  ✓ Y	De			
-	'	ls, rifles, shotguns, ammu	unition, and related equipment		
	✓ No ☐ Yes. Describ	De			
		day clothes, furs, leather	coats, designer wear, shoes, accessories	i	
	No ✓ Yes. Describ	oe Necessary Wea	ring Apparel		\$300.00

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Deb	tor 1	Diane	L	Foster	Case number (if known)	
		First Name	Middle Name	e Last Name		
12.	<b>Jewelr</b> y Example	•	elry, costume je	welry, engagement rings, wedd	ing rings, heirloom jewelry, watches, gems,	
	□ No ☑ Yes	s. Describe Mi	scellaneous	jewelry		\$500.00
13.		rm animals les: Dogs, cats, bir	ds. horses			
	✓ No	s. Describe				
14.	_	ner personal and h	household iter	ns you did not already list, in	cluding any health aids you	
		list				
	✓ No	s. Give specific				
		ormation				
15.				es from Part 3, including any here	entries for pages you have	\$1,300.00
Pa	art 4:	Describe Yo	ur Financia	l Assets		
						0 1 1
Do y	ou own	or have any legal	l or equitable i	interest in any of the followin	g?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16.	Cash Exampl	les: Money you hav	ve in your walle	et, in your home, in a safe depo	sit box, and on hand when you file your	
	□ No ✓ Yes	S			Cash:	\$20.00
17.	•	-	ses, and other		of deposit; shares in credit unions, a multiple accounts with the same	
	□ No ✓ Yes	S	Ins	stitution name:		
	17	.1. Checking acc	count: <u>Cl</u>	necking account with BMC	Harris Bank.	\$2,000.00
18.	Exampl	mutual funds, or les: Bond funds, in		d stocks unts with brokerage firms, mon	ey market accounts	
	✓ No	S	Institution or	issuer name:		
19.	-	blicly traded stoc rest in an LLC, pa			rporated businesses, including	
	<b>☑</b> No					
	info	s. Give specific ormation about m	Name of ent	ity:	% of ownership:	
20.	Negotia	able instruments inc	clude personal	other negotiable and non-negothecks, cashiers' checks, promule transfer to someone b	nissory notes, and money orders.	
	info	s. Give specific ormation about	Issuer name			
	uie	m	issuel Haille	•		

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Deb	tor 1	Diane	L	Foster	Case number (if known)	
		First Name	Middle Name	Last Name		
21.		ent or pension ac es: Interests in IR/ profit-sharing p	A, ERISA, Keogh, 4	01(k), 403(b), thrift saving	gs accounts, or other pension or	
		. List each ount separately.	Type of account:	Institution name:		
22.	Your sha		deposits you have m	•	tinue service or use from a company ctric, gas, water), telecommunications	
	✓ No ☐ Yes			Institution name or indiv	idual:	
23.	_		a specific periodic p	payment of money to you	either for life or for a number of years)	
	_		Issuer name and	description:		
			Exelon Annuity	y		\$0.00
24.	26 U.S.0		n IRA, in an accoun 29A(b), and 529(b)(1		ogram, or under a qualified state tuition p	program.
	✓ No ☐ Yes		Institution name a	and description. Separate	ely file the records of any interests. 11 U.S.	C. § 521(c)
25.		equitable or futur exercisable for y		erty (other than anythin	g listed in line 1), and rights or	
		. Give specific rmation about ther	n			
26.				rets, and other intellectu proceeds from royalties a		
	✓ No ☐ Yes	. Give specific rmation about ther		proceeds from royalities a	and neerising agreements	
27.			d other general inta	_	on holdings, liquor licenses, professional lice	enses
	_	. Give specific rmation about ther	n			
Mor	ney or pr	operty owed to yo	ou?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu	unds owed to you	I			
	<b>☑</b> No				= .	
		<ul> <li>Give specific info</li> <li>ut them, including</li> </ul>			Feder	ral: <b>\$0.00</b>
		already filed the re			State:	\$0.00
	and	the tax years			Local	\$0.00

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Deb	tor 1	Diane First Name	L Middle Name	Foster Last Name	Case number (if known)	
20	Family	y support	Middle Name	Lastiname		
29.	•	, ,,	lump sum alimony, sp	ousal support, child supp	ort, maintenance, divorce settlement, pr	operty settlement
	☑ No	o es. Give specific i	information		Alimony:	\$0.00
	<b>□</b> ··				Maintenance:	\$0.00
					Support:	\$0.00
					Divorce settle	
					Property settle	
30.	Examp	compensation	es, disability insurance on, Social Security ber	payments, disability ber lefits; unpaid loans you n	nefits, sick pay, vacation pay, workers'	
31.		•		health savings account	(HSA); credit, homeowner's, or renter's i	nsurance
	☐ Ye	es. Name the insumpany of each pond list its value	olicy	me:	Beneficiary:	Surrender or refund value:
32.	If you	are the beneficiar	•		ed surance policy, or are currently	
	✓ No	o es. Give specific	information			
33.	Examp	ples: Accidents, e		you have filed a lawsunsurance claims, or right	it or made a demand for payment s to sue	
	✓ No	o es. Describe each	n claim			
34.	rights	to set off claims	•	f every nature, includin	g counterclaims of the debtor and	
	✓ No	o es. Describe each	n claim			
35.	Any fi	nancial assets ye	ou did not already lis	t		
	✓ No	o es. Give specific	information			
36.					y entries for pages you have	\$2,020.00
Pa	art 5:	Describe An	y Business-Relate	ed Property You Ov	vn or Have an Interest In. List	any real estate in Part 1.
37.	Do yo	u own or have ar	ny legal or equitable i	nterest in any business	related property?	
	بنا	o. Go to Part 6. es. Go to line 38.				

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Deb	-	Diane	L	Foster	Case number (if known)	
	·	First Name	Middle Name	Last Name		Current value of the portion you own?  Do not deduct secured claims or exemptions.
38.	Account	s receivable or	commissions you	already earned		·
	✓ No ☐ Yes.	Describe				
39.		s: Business-rela	shings, and supplicated computers, soft, electronic devices	tware, modems, printers, co	opiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes.	Describe				
40.	Machine	ry, fixtures, equ	ipment, supplies y	you use in business, and	tools of your trade	
	✓ No ☐ Yes.	Describe				
41.	Inventor	y				
	✓ No ☐ Yes.	Describe				
42.	Interests	in partnerships	s or joint ventures			
	✓ No ☐ Yes.	Describe Na	ame of entity:		% of ownership:	
43.	Custome	er lists, mailing	lists, or other com	pilations		
	✓ No ☐ Yes.	Do your lists in No Yes. Desc		identifiable information(	as defined in 11 U.S.C. § 101(41A))?	
44.	Any bus	iness-related pr	operty you did no	t already list		
	✓ No ☐ Yes.	Give specific in	formation.			
45.					entries for pages you have	\$0.00
Pa				mmercial Fishing-Rel n farmland, list it in Paı	ated Property You Own or Have a	n Interest In.
46.	Do you o	own or have any	/ legal or equitable	e interest in any farm- or c	commercial fishing-related property?	
		Go to Part 7. Go to line 47.				
47	Farm an	imals				Current value of the portion you own? Do not deduct secured claims or exemptions.
71.			ultry, farm-raised fis	sh		
	✓ No ☐ Yes.					
	⊔ ''					

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Deb	tor 1	Diane	L	Foster	Case nu	ımber (if known)			
10	Cron	First Name seither growing	Middle Name	Last Name					
40.	•		or narvested						
		es. Give specific					-		
49.				nachinery, fixtures, ar	nd tools of trade				
	N N	lo		•					
	□ Y	'es					_		
50.	Farm	and fishing supp	lies, chemicals, and t	eed					
	☑ Y						-		
51.	Any f	farm- and commer	cial fishing-related p	roperty you did not a	Iready list				
		lo  'es. Give specific  nformation					_		
52.				_	nny entries for pages y		<b>→</b> [_	\$0.00	
P	Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above								
53.	-		perty of any kind you ets, country club memb						
	☑ N	lo 'es. Give specific i	nformation.				_		
54.	Add t	the dollar value of	all of your entries fro	om Part 7. Write that	number here		<b>→</b> L_	\$0.00	
P	art 8:	List the Tota	ls of Each Part of	this Form					
55.	Part '	1: Total real estate	e, line 2				<b>→</b> _	\$3,000.00	
56.	Part 2	2: Total vehicles, I	ine 5	_	\$15,000.00				
57.	Part 3	3: Total personal a	and household items	line 15	\$1,300.00				
58.	Part 4	4: Total financial a	ssets, line 36	_	\$2,020.00				
59.	Part 5	5: Total business-	related property, line	45 _	\$0.00				
60.	Part (	6: Total farm- and	fishing-related prope	erty, line 52	\$0.00				
61.	Part 7	7: Total other prop	perty not listed, line 5	4 +_	\$0.00				
62.	Total	personal property	y. Add lines 56 throu	gh 61	\$18,320.00	Copy personal property total	+_	\$18,320.00	
63.	Total	of all property on	Schedule A/B. Ad	d line 55 + line 62				\$21,320.00	

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Fill in this inf	ormation to	identify your	case:						
Debtor 1	Diane	L	Foster						
	First Name	Middle Name							
Debtor 2 (Spouse, if filing)	First Name	Middle Name	e Last Name						
		or the: <b>NORTHE</b>	RN DISTRICT OF I	LLIN	iois		Chack if this is an		
Case number (if known)							Check if this is an amended filing		
Official Form	106C								
Schedule C:	The Prop	erty You Cl	aim as Exemp	ot				04/16	
Using the property	you listed on Soll out and attach	thedule A/B: Prop to this page as m	perty (Official Form 106	SA/B)	) as your source	e, list the	esponsible for supplying correct info e property that you claim as exempt ssary. On the top of any additional	. If more	
is to state a speci- exempted up to the receive certain be exemption of 100° property is detern	fic dollar amou le amount of an nefits, and tax- % of fair market nined to exceed	nt as exempt. Al y applicable stat exempt retireme value under a la that amount, yo	ternatively, you may tutory limit. Some ex nt funds-may be unl aw that limits the exe our exemption would	claii emp imite mpti	m the full fair r stionssuch as ed in dollar am on to a particu	narket v those to ount. H	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an ar amount and the value of the le statutory amount.		
Part 1: Ide	ntiry the Pro	perty You Cla	aim as Exempt						
	I. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								
<u> </u>	•		J.S.C. § 522(b)(2)	11 U	.S.C. § 522(b)(3	3)			
2. For any prop	erty you list on	Schedule A/B th	nat you claim as exen	npt, 1	fill in the inforr	nation I	below.		
Brief description of Schedule A/B that			Current value of the portion you own	Amount of the exemption you		Specific laws that allow exemption claim		ion	
			Copy the value from Schedule A/B		eck only one bo h exemption	x for			
Brief description:			\$15,000.00		\$1,456.0	00	735 ILCS 5/12-1001(c)		
2012 Lincoln Mk	KZ (approx. 11	000 miles)	<u> </u>		100% of fair n	narket	.,		
Line from Schedule	e A/B: <b>3.1</b>	-			value, up to a applicable sta limit	-			
Brief description:			\$400.00		\$400.00	<u> </u>	735 ILCS 5/12-1001(b)		
Household Good		-			100% of fair n		(.,		
All furniture ove Line from Schedule	·=	-			value, up to a applicable sta limit	-			
(Subject to ad	justment on 4/0	I/19 and every 3 y	more than \$160,375? years after that for cas	es fi			,		

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**Foster** Debtor 1 Diane Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$100.00 \$100.00 735 ILCS 5/12-1001(b)  $\overline{\mathbf{Q}}$ Samsung 37" two 100% of fair market 1 analog tV value, up to any applicable statutory Line from Schedule A/B: 7 limit Brief description: \$300.00 735 ILCS 5/12-1001(a), (e) \$300.00  $\mathbf{V}$ **Necessary Wearing Apparel** 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$500.00 \$500.00 735 ILCS 5/12-1001(b)  $\overline{\mathbf{Q}}$ Miscellaneous jewelry 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit \$20.00 Brief description: \$20.00 735 ILCS 5/12-1001(b)  $\overline{\mathbf{Q}}$ Cash on hand 100% of fair market value, up to any Line from Schedule A/B: 16 applicable statutory limit Brief description: 735 ILCS 5/12-803 \$0.00 \$0.00 abla**Exelon Annuity** 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit

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Fill to this total		l				
Debtor 1	Diane	lentify your case:	Foster			
Debior 1	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for	the: NORTHERN D	ISTRICT OF ILLING	DIS		
Case number					Chook if this is	
(if known)					Check if this is amended filing	
Official Form	106D					
Schedule D:	Creditors \	Who Have Cla	ims Secured b	y Property		12/15
1. Do any credit  No. Chee Yes. Fill  Part 1: List  List all secure claim, list the coreditor has a	n. If more space additional pages ors have claims ok this box and suin all of the information All Secured ed claims. If a croreditor separately particular claim, lible, list the claims	s is needed, copy the , write your name and secured by your propubmit this form to the conation below.	Additional Page, fill d case number (if known perty?  ourt with your other so one secured one than one in Part 2. As	coumn A  Amount of claim Do not deduct the value of collateral	es, and attach it to thi	s form.
2.1		Describe the secures the	property that	\$13,544.00	\$15,000.00	
Fifth Third Bank			12 Lincoln MKZ	<del></del>		
Creditor's name 5050 Kingsley D Number Street	r	As of the dat	e you file, the claim i	s: Check all that apply.		
Cincinnati City Who owes the deb	OH 45227 State ZIP Code	Disputed	ted			
Debtor 1 only			<ol> <li>Check all that appl ment you made (such</li> </ol>	y. as mortgage or secured	car loan)	
Debtor 2 only Debtor 1 and D	ehtor 2 only	☐ Statutory	lien (such as tax lien,		,	
_	the debtors and a	nother —	t lien from a lawsuit cluding a right to offse	t)		
Check if this c		Automo		<del>-</del> 7		
Date debt was inc	urred <u>01/2014</u>	Last 4 digits	of account number	0 8 2 5		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$13,544.00

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Debtor 1	Diane	L	Foster	Case number (if	known)		
	First Name	Middle Nar	me Last Name				
Part 1:		•	this page, number them ous page.	Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.2			Describe the property that secures the claim:	\$39,000.00	\$39,000.00		
Reverse Mortgage Solutions Creditor's name 5010 LinbarDrive, Suite 100 Number Street			Single Family Home				
Nashville City Who owes to Debtor	TN State		As of the date you file, the claim i Contingent Unliquidated Disputed Nature of lien. Check all that appl	y.			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates		otors and another	<ul> <li>✓ An agreement you made (such as mortgage or secured car loan)</li> <li>☐ Statutory lien (such as tax lien, mechanic's lien)</li> <li>☐ Judgment lien from a lawsuit</li> <li>✓ Other (including a right to offset)</li> <li>Mortgage arrears</li> </ul>				
	nmunity debt as incurred	Various	Last 4 digits of account number	8 9 5 8			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$39,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$52,544.00

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				_				
Fill in this info	ormation to id	lentify your c	ase:					
Debtor 1	Diane	L	Foster	_				
	First Name	Middle Name	Last Name					
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_				
		45 a. NORTHE	ON DISTRICT OF ILLINOIS					
United States Bar	nkruptcy Court for	the: NOKINER	RN DISTRICT OF ILLINOIS	-				
Case number (if known)					Check if this is a amended filing	an		
Official Form	106E/F							
Schedule E/	F: Creditor	s Who Hav	e Unsecured Claims			12/15		
Do not include any If more space is not to this page. On the	y creditors with peeded, copy the he top of any add	partially secured Part you need, f ditional pages, w	and on Schedule G: Executory Control of claims that are listed in Schedulill it out, number the entries in the vrite your name and case number secured Claims	le D: Creditors Who He boxes on the left. A	lold Claims Secur	ed by Property.		
. Do any creditors have priority unsecured claims against you?								
☐ No. Go t ✓ Yes.	o Part 2.							
claim. For each show both price more space is	ch claim listed, ide ority and nonpriori	entify what type o ty amounts. As n ty unsecured clai	creditor has more than one priority of claim it is. If a claim has both pri nuch as possible, list the claims in ms, fill out the Continuation Page of	ority and nonpriority am alphabetical order acco	ounts, list that clain	m here and or's name. If		
(For an explar	nation of each type	e of claim, see th	e instructions for this form in the in	struction booklet.				
				Total claim	Priority amount	Nonpriority amount		
2.1				\$2,333.00	\$2,333.00	\$0.00		
HAROLD M. SAA	ALFELD		- Last 4 digits of account numbe			<u> </u>		
Priority Creditor's Name 25 NORTH COU								
Number Street	0		When was the debt incurred?	11/09/2016	_			
SUITE 2R			- As of the date you file, the clair	m is: Check all that app	oly.			
		00005 4040	Contingent Unliquidated					
WAUKEGAN City	IL State	<b>60085-4342</b> ZIP Code	- Disputed					
브 a	Debtor 2 only the debtors and a	nother	Type of PRIORITY unsecured claim:  Domestic support obligations  Taxes and certain other debts you owe the government  Claims for death or personal injury while you were intoxicated					
Is the claim subject  No Yes	ct to offset?	imainty dept	Other. Specify Attorney fees for this ca	se				

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Debtor 1	Diane	L	Foster	Case number (if known)	
	First Name	Middle Name	Last Name	· , <u></u>	
Part 2:	List All of	Your NONPRIORI	TY Unsecured Clair	ns	
3. Do ar	ny creditors have	nonpriority unsecure	d claims against you?		
	No. You have not	hing to report in this pa	rt. Submit this form to the	e court with your other schedules.	
ш.	Yes			•	
Ľ					
		•	•	ler of the creditor who holds each claim.	
				ditor separately for each claim. For each claim liste	•
		•		than one creditor holds a particular claim, list the o	tner creditors in
Pari	s. Il more space i	s needed for nonpriority	unsecured claims, iiii ou	t the Continuation Page of Part 2.	
					Total claim
					Total Claim
4.1					£44.4C2.00
			Land A. Parka af anna		\$11,163.00
Bk Of An	ner Creditor's Name		Last 4 digits of acco	<del></del>	
Po Box 9			When was the debt	incurred? <u>08/2004</u>	
Number	Street		As of the date you fi	ile, the claim is: Check all that apply.	
			Contingent		
			Unliquidated		
El Paso		TX 79998	Disputed		
City		State ZIP Code	Type of NONPRIOR	TY unsecured claim:	
	rred the debt?	Check one.	☐ Student loans		
لظا	r 1 only			ng out of a separation agreement or divorce	
<b>=</b> ~	r 2 only	-h.		eport as priority claims	
<b>二</b>	r 1 and Debtor 2 o st one of the debto	•	Debts to pension	or profit-sharing plans, and other similar debts	
_			Other. Specify		
_		or a community debt	Credit Card		
	m subject to offs	et?			
✓ No					
Yes					
4.2					¢7 222 00
	1		l and d dimits of acco		\$7,323.00
Chase Ca	ard Creditor's Name		Last 4 digits of acco	<del> </del>	
Po Box 1			When was the debt	incurred? <u>02/2005</u>	
Number	Street			ile, the claim is: Check all that apply.	
			Contingent		
			Unliquidated Disputed		
Wilmingt	on	DE 19850	☐ Disputed		
City		State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
		Check one.	☐ Student loans		
	r 1 only r 2 only		<b>□</b> •	ng out of a separation agreement or divorce	
<b>–</b> .	r 1 and Debtor 2 o	nlv	-	eport as priority claims	
	st one of the debto			or profit-sharing plans, and other similar debts	
_		or a community debt	Other. Specify		
_			Credit Card		
	m subject to offs	er.			
✓ No ☐ Yes					

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Debtor 1	Diane	L	Foster Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsecu	ıred Claims Continuation Page	
After listin	•	n this page, number the	em sequentially from the	Total claim
4.3				\$12,080.00
Citi			Last 4 digits of account number 4 0 1 5	Ψ12,000.00
	Creditor's Name		When was the debt incurred? 04/1996	
Po Box 6				
Number	Street		As of the date you file, the claim is: Check all that apply.  Contingent	
			☐ Unliquidated ☐ Disputed	
Sioux Fal	lls	SD 57117	Disputed	
City	141 1140	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? 1 only	Check one.	☐ Student loans	
ب	2 only		Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2	only	that you did not report as priority claims	
_	st one of the debt	•	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
_	if this claim is	for a community debt	✓ Other. Specify  Credit Card	
_	m subject to off	set?	oroun ouru	
<b>☑</b> No	•			
Yes				
4.4				\$129.00
	st Collectors		Last 4 digits of account number58111_	
	Creditor's Name onquin Rd		When was the debt incurred? 09/2010	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			Unliquidated	
Rolling N	leadows	IL 60008	─ Disputed	
City	icadows	State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incur	red the debt?	Check one.	Student loans	
ك	1 only		Obligations arising out of a separation agreement or divorce	
별 ~	2 only		that you did not report as priority claims	
<b>二</b>	r 1 and Debtor 2 st one of the debt	•	☐ Debts to pension or profit-sharing plans, and other similar debts	
ш			Other. Specify	
ш		for a community debt	Collection Attorney	
	m subject to off	set?		
✓ No ☐ Yes				
Yes				
4.5				\$1,254.00
Synch/ca	re Credit		Last 4 digits of account number 1 4 1 7	<del></del>
	reditor's Name		Last 4 digits of account number 1 4 1 7  When was the debt incurred? 04/2014	
950 Forre				
Number	Street		As of the date you file, the claim is: Check all that apply.	
			— ☐ Disputed	
Kettering	l	OH 45420	_ <b>_</b> _	
City	rad the debt?	State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? 1 only	Check one.	Student loans	
<u> </u>	2 only		Obligations arising out of a separation agreement or divorce	
ш	1 and Debtor 2	only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	st one of the debt	•	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	if this claim is	for a community debt	Charge Account	
	m subject to off	set?		
<b>☑</b> No	•			
Yes				

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Debtor 1	Diane	L	- -	Foster		case number (if known)
Part 3:	First Name  List Other		e Notified Ab	Last Name	u Already	Listed
For ex credit debts	xample, if a colle or in Parts 1 or 2	ection ag 2, then li n Parts	gency is trying ist the collection 1 or 2, list the a	to collect from you for a on agency here. Similar additional creditors here	a debt you o ly, if you hav	debt that you already listed in Parts 1 or 2.  we to someone else, list the original  we more than one creditor for any of the  not have additional parties to be notified for
	6. Miller & Asso	ciates		On which entry ir	Part 1 or Pa	art 2 did you list the original creditor?
Name 120 N. La	Salle Street, S	uite 114	40	Line of (C	Check one):	Part 1: Creditors with Priority Unsecured Claims
Number	Street			<del></del> ·		Part 2: Creditors with Nonpriority Unsecured Claims
						T are 2. Ordanors with Horipholity offsecured oldinis

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Debtor 1	Diane	L	Foster	Case number (if known)	
	First Name	Middle Name	Last Name		

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nomi art i	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	<sup>6d.</sup> <b>+</b>	\$2,333.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$2,333.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	<sup>6i.</sup> +	\$31,949.00
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j.	\$31,949.00

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(If known)					
Debtor 1		<b>L</b> Middle Name			
	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for th	ne: <b>NORTHERN DI</b>	STRICT OF ILLINOIS		
					Check if this is an amended filing

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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					•		
F	ll in this info	ormation to ident	tify your case:				
De	ebtor 1	<b>Diane</b> First Name	L Middle Name	Foster Last Name			
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name			
	-		NORTHERN DIST	RICT OF ILLINOIS			
	ase number known)					Check if this is an amended filing	
	ficial Form						404
<u> </u>	neaule H:	Your Codebte	ors				12/1
two nee	married peopled ded, copy the A	e are filing together, Additional Page, fill i	both are equally res	y debts you may have. Be sponsible for supplying con le entries in the boxes on t e and case number (if know	rrect information. If he left. Attach the A	more space is dditional Page to this	
1.	Do you have a  ✓ No  ✓ Yes	any codebtors? (If	you are filing a joint o	ase, do not list either spouse	e as a codebtor.)		
2.		•	•	property state or territory w Mexico, Puerto Rico, Texa		•	
	No. Go to Yes. Did No No Yes		spouse, or legal equiv	valent live with you at the tim	e?		
3.	person shown creditor on Se	n in line 2 again as a	codebtor only if tha orm 106D), <i>Schedul</i> e	e your spouse as a codebto t person is a guarantor or o e <i>E/F</i> (Official Form 106E/F olumn 2.	cosigner. Make sure	you have listed the	

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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G	ill in this inform	ation to identi	fy your case:						
	Debtor 1	Diane	L	Foster					
		First Name	Middle Name	Last Name			Che	eck if this is:	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			$- \Box $	An amended filing	
	United States Bankr	uptcy Court for the	NORTHERN	DISTRICT OF IL	LINO	IS	_   🗆	A supplement showing postpetition chapter 13 income as of the following date:	nto:
	Case number (if known)				_				uc.
$\cap$	fficial Form 10							MM / DD / YYYY	
_	chedule I: Yo							12/	15
res inc abo you	sponsible for supply lude information ab out your spouse. If ur name and case n	ring correct inform bout your spouse. more space is ne	nation. If you are If you are separ eded, attach a se Answer every c	e married and not rated and your spo eparate sheet to th	filing ouse i	jointly, a s not fili	and your ng with y	d Debtor 2), both are equally spouse is living with you, rou, do not include information any additional pages, write	
1.	Fill in your emplo information.	yment		Debtor 1				Debtor 2 or non-filing spouse	
	If you have more the		oyment status	☐ Employed				Employed	
	job, attach a separ with information ab		Cyment Status	✓ Not employed	ed			☐ Not employed	
	additional employe	ers. Occu	pation	Retired					
	Include part-time, s or self-employed w	·	oyer's name					_	
	Occupation may in student or homema applies.	p.	oyer's address	Number Street				Number Street	
				City		State Z	ip Code	City State Zip Code	
		How	long employed t	here?					
Ŀ	Part 2: Give D	etails About N	onthly Incom	е					
	timate monthly inco			<b>n.</b> If you have noth	ing to	report fo	or any line	e, write \$0 in the space. Include your	
If y	<b>.</b>	spouse have more	than one employ	er, combine the info	ormati	on for al	employe	ers for that person on the lines below. If	
						For Del	otor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gros payroll deductions) would be.				2.		\$0.00		
3.	Estimate and list	monthly overtime	pay.		3. 🖣	·	\$0.00	. <u> </u>	
4.	Calculate gross in	ncome. Add line 2	2 + line 3.		4.		\$0.00		

Official Form 106l Schedule I: Your Income page 1

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Deb	tor 1	Diane	L L	Foster		Case	numb	er (if know	/n)		
		First Name	Middle Name	Last Name		For Debtor 1		For Debto		<u>.                                    </u>	
	Сор	y line 4 here		····· →	4.	\$0.00	)				
5.		all payroll dec		_			_				
			e, and Social Security deduction	s	5a.	\$0.00	)				
	5b.	Mandatory co	ontributions for retirement plans		5b.	\$0.00	)				
	5c.	Voluntary cor	ntributions for retirement plans		5c.	\$0.00	<u> </u>				
	5d.	Required repa	ayments of retirement fund loans	5	5d.	\$0.00	<u> </u>				
	5e.	Insurance			5e.	\$0.00	)				
	5f.	Domestic sup	port obligations		5f.	\$0.00	<u>)</u>				
	5g.	Union dues			5g.	\$0.00	<u> </u>				
	5h.	Other deduction Specify:	ions.		5h. <b>-</b>	F\$0.00	<u>)</u>				
6.	<b>Add</b> 5g +		eductions. Add lines 5a + 5b + 5	5c + 5d + 5e + 5f +	6.	\$0.00	<u> </u>				
7.	Calc	culate total mo	nthly take-home pay. Subtrac	et line 6 from line 4.	7.	\$0.00	<u> </u>				
8.	List	all other incor	ne regularly received:								
	8a.		om rental property and from ope fession, or farm	erating a	8a.	\$0.00	<u> </u>				
			ment for each property and busine, , ordinary and necessary business nly net income.	0							
	8b.	Interest and o	lividends		8b.	\$0.00	)_				
	8c.		rt payments that you, a non-filin gularly receive	g spouse, or a	8c.	\$0.00	<u></u>				
			ny, spousal support, child support, nent, and property settlement.	maintenance,							
	8d.	Unemployme	nt compensation		8d.	\$0.00	)				
	8e.	Social Securi	ty		8e.	\$1,781.00	)				
	8f.	Other govern	ment assistance that you regula	rly receive			_				
		cash assistan	assistance and the value (if known) be that you receive, such as food s r the Supplemental Nutrition Assis osidies.	stamps							
		Specify:			8f.	\$0.00	<u>)                                    </u>				
	8g.	Pension or re	tirement income		8g.	\$1,613.94	Ļ				
	8h.	Other monthly	y income.				_				
		Specify:			8h.	F\$0.00	<u> </u>				
9.	Add	all other inco	me. Add lines 8a + 8b + 8c + 8d +	8e + 8f + 8g + 8h.	9.	\$3,394.94	<u> </u>				
10.	<b>Cal</b> d	culate monthly the entries in li	income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor 2 or	non-filing spouse.	10.	\$3,394.94	+		]	=[	\$3,394.94
11.	Inclu frien	ude contribution nds or relatives.		ibers of your housel	nold, y	our dependents,					
	Do r	not include any	amounts already included in lines	2-10 or amounts tha	at are i	not available to p	ay exp	enses list	ed in Sch	nedu	ıle J.
	Spe	cify:							_ 11.	+	\$0.00
12.	bbΑ	I the amount in	the last column of line 10 to the	amount in line 11	The	result is the comb	nined r	monthly	12.		\$3,394.94
			amount on the Summary of Your						12.	Ĺ	
	if it a	applies.								_	Combined nonthly income
13.			increase or decrease within the	year after you file t	his fo	rm?					
		No. Yes. Explain:	None.								

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F	ill in this inforn	nation to iden	tify your case:			Cha	ck if this	io	
	Debtor 1	Diane	ı	Foste	r			ended filing	
	200101	First Name	Middle Name	Last Na				ement showing	postpetition
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	me		chapter followin	13 expenses a g date:	s of the
	United States Bank	ruptcy Court for th	e: NORTHERN D	ISTRICT OF	FILLINOIS		MM / D	D / YYYY	<u> </u>
1	Case number	., .,					IVIIVI / DI	ט/ וווו	
	(if known)					]			
<u>O</u> f	ficial Form 10	06J							
Sc	chedule J: Yo	our Expense	es						12/15
cor	rect information. I	If more space is r er (if known). An	ble. If two married p needed, attach anoth nswer every question	er sheet to t					
ŀ	art 1: Descr	ibe Your Hous	sehold						
1.	Is this a joint cas	se?							
2	□ No	Debtor 2 live in a s	separate household		s for Separate Housel	hold of	f Debtor :	2.	
2.	Do you have dep  Do not list Debtor	_	Yes. Fill out this in		Dependent's relati		p to	Dependent's age	Does dependent live with you?
	Debtor 2.	Tana	for each dependen	t	Debitor 1 of Debitor			aye	□ No
	Do not state the d names.	ependents'							Yes No Yes
									□ No - □ Yes
									□ No - □ Yes
									□ No
									Yes
3.	Do your expense expenses of peo yourself and you	ple other than	✓ No ☐ Yes						
P	art 2: Estima	ate Your Ongo	oing Monthly Exp	enses					
to ı		of a date after th	nkruptcy filing date une bankruptcy is filed	-	-			•	
			sh government assis on Schedule I: Your I	-				Your expens	ses
4.			penses for your residual of the ground the g				4	1.	
	If not included in		,						
	4a. Real estate t	axes					2	ła	\$1,072.73
	4b. Property, hor	meowner's, or rent	er's insurance				4	łb	
	4c. Home mainte	enance, repair, and	d upkeep expenses				2	łc	\$98.00
	4d. Homeowner's	s association or co	ondominium dues				4	ld.	

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Case number (if known)

**Foster** 

Middle Name Last Name First Name Your expenses Additional mortgage payments for your residence, such as home equity loans 5. **Utilities:** 6a. Electricity, heat, natural gas 6a. \$210.00 6b. Water, sewer, garbage collection 6b. \$41.00 6c. Telephone, cell phone, Internet, satellite, and 6c. \$170.06 cable services 6d. 6d. Other. Specify: Cellular \$10.00 Food and housekeeping supplies 7. \$342.00 Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. \$0.00 10. Personal care products and services 10. \$10.00 11. Medical and dental expenses 11. \$25.00 12. Transportation. Include gas, maintenance, bus or train 12. \$35.00 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13. magazines, and books 14. Charitable contributions and religious donations 14. \$25.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: combined home /auto insurance 15d. \$215.63 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 Auto repairs 17b. \$30.52 17c. Other. Specify: \_ 17c. 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as 18. deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19.

Debtor 1 Diane

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Deb	tor 1	Diane	L	Foster	Case number (if know	wn)
		First Name	Middle Name	Last Name		
20.		er real property of edule I: Your Inc		n lines 4 or 5 of this form or	on	
	20a.	Mortgages on	other property		20a.	
	20b.	Real estate tax	es		20b.	
	20c.	Property, home	eowner's, or renter's insur	ance	20c.	
	20d.	Maintenance, r	epair, and upkeep expens	ses	20d.	
	20e.	Homeowner's a	association or condominiu	ım dues	20e.	
21.	Othe	er. Specify:			21.	+
22.	Calc	ulate your mont	hly expenses.			
	22a.	Add lines 4 thre	ough 21.		22a.	\$2,284.94
	22b.	Copy line 22 (r	nonthly expenses for Deb	otor 2), if any, from Official Form	m 106J-2. 22b.	
	22c.	Add line 22a a	nd 22b. The result is you	r monthly expenses.	22c.	\$2,284.94
23.	Calc	ulate your mont	hly net income.			
	23a.	Copy line 12 (y	our combined monthly inc	come) from Schedule I.	23a.	\$3,394.94
	23b.	Copy your mor	nthly expenses from line 2	2c above.	23b.	\$2,284.94
	23c.		monthly expenses from your monthly net income.	our monthly income.	23c.	\$1,110.00
24.	Do y	ou expect an in	crease or decrease in yo	our expenses within the year	after you file this form?	
				your car loan within the year or modification to the terms of yo	or do you expect your mortgage our mortgage?	
		No. Yes. Explain he None.	re:			

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Fill in this inf	ormation to id	lentify your case	:
Debtor 1	Diane First Name	L Middle Name	Foster Last Name
Debtor 2	· iiot · taiiio	au.	245
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bar	nkruptcy Court for	the: NORTHERN D	ISTRICT OF ILLINOIS
Case number (if known)			
(ii Kilowii)			

#### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

F	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$3,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$18,320.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$21,320.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$52,544.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$2,333.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$31,949.00
	Your total liabilities	\$86,826.00
P	Part 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$3,394.94
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$2,284.94

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Deb	tor 1	Diane	L	Foster	Case number (if known)	
		First Name	Middle Name	Last Name		
Pa	art 4:	Answer T	hese Questions for	Administrative a	nd Statistical Records	
6.	Are y	ou filing for banl	kruptcy under Chapters	s 7, 11, or 13?		
	ш.	No. You have not Yes	thing to report on this pa	rt of the form. Check th	nis box and submit this form to the court wi	th your other schedules.
7.	What	kind of debt do	you have?			
	ڪ	•	•		re those "incurred by an individual primarily 8-9g for statistical purposes. 28 U.S.C. §	•
			ot primarily consumer of ourt with your other sched		ng to report on this part of the form. Check	k this box and submit
8.			of Your Current Monthly ine 11; OR, Form 122B		otal current monthly income from C-1 Line 14.	\$3,394.94
9.	Сору	the following sp	ecial categories of clai	ms from Part 4, line 6	of Schedule E/F:	
					Total claim	
	From	Part 4 on Sched	dule F/F conv the follow	wina:		

9a. Domestic support obligations. (Copy line 6a.)

9d. Student loans. (Copy line 6f.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

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			· ·					
Fill in this inf	ormation to id	dentify your case						
Debtor 1	Diane	L	Foster					
	First Name	Middle Name	Last Name					
Debtor 2	First Name	National District	Last Name					
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Ba	nkruptcy Court for	r the: <b>NORTHERN D</b>	ISTRICT OF ILLINOIS					
Case number				☐ Check if this is an				
(if known)				amended filing				
Official Form	106Dec							
		ndividual Debt	or's Schedules		12/15			
	About an ii	Tarviadar Best	or 3 deficadies		12/10			
If two married ped								
Vou must file this	narried people are filing together, both are equally responsible for supplying correct information.  Ist file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement,  ling property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to							
\$250,000, or impri	isonment for up	to 20 years, or both.	18 U.S.C. §§ 152, 1341, 1519, a	and 3571.				
Sig	ın Below							
B:1				hard market farmer 0				
Did you pay o	or agree to pay s	omeone who is NOT	an attorney to help you fill out	bankruptcy forms?				
<b>☑</b> No								
Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's No.	-			
				Declaration, and Signature (Official Form	119).			
Under nenalt	v of periury I de	clare that I have read	the summary and schedules f	iled with this declaration and that they are				
true and corr		ciale tilat i ilave leau	and summary and somedules i	ned with this declaration and that they are				

Signature of Debtor 2

MM / DD / YYYY

Date

X /s/ Diane L Foster
Diane L Foster, Debtor 1

Date <u>11/14/2016</u> MM / DD / YYYY

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Fill in this in	formation to	identify your case	:		
Debtor 1	Diane	L	Foster		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court fo	or the: <b>NORTHERN D</b>	ISTRICT OF ILLINOIS		
Case number					
(if known)				Check if this is an amended filing	
Official Form	107				
				<b>5</b>	
Statement of	of Financia	I Affairs for Ind	ividuals Filing fo	r Bankruptcy	04/1
Part 1: Gi	ve Details Ab	out Your Marital S	Status and Where Yo	ı Lived Before	
1. What is you	current marital	status?			
☐ Married		otatao i			
✓ Not marr	ied				
2. During the la	ast 3 years, have	you lived anywhere o	ther than where you live	now?	
✓ No			•		
Yes. Lis	t all of the places	you lived in the last 3 y	ears. Do not include where	e you live now.	
(Community		•	• .	a a community property state or territory? uisiana, Nevada, New Mexico, Puerto Rico, Texas,	
<b>☑</b> No					
Yes. Ma	ke sure you fill οι	ıt Schedule H: Your Co	debtors (Official Form 106I	<del>1</del> ).	

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Debtor 1		Diane	L	Foster	Case nur	mber (if known)			
Pa	art 2:	First Name Middle Name Last Name  Explain the Sources of Your Income							
4.	<b>Did you</b> Fill in the	have any inco	me from employr of income you rece	ment or from operating a busived from all jobs and all busincome that you receive toge	inesses, including par	t-time activities.	calendar years?		
	✓ No ☐ Yes.	Fill in the deta	ails.						
5.	Include in unemploy	ncome regardle yment; and oth bling and lotter	ess of whether that er public benefit p	ng this year or the two previ t income is taxable. Example ayments; pensions; rental inc are in a joint case and you h	es of other income are come; interest; dividen	ds; money collected fron	n lawsuits; royalties;		
	List each source and the gross income from each source separately. Do not include income that you listed in line 4.								
<ul><li>No</li><li>✓ Yes. Fill in the details.</li></ul>									
				Debtor 1		Debtor 2			
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions		
Fror	m January	y 1 of the curr	ent year until	Social Security Retiren					
the	date you	filed for bankr	uptcy:	Retirement - Exelon	\$14,405.60 				
		alendar year: December 31,	<u>2015</u> )	Social Security Retiren Retirement - Exelon	\$21,372.00 \$10,342.00				
		dar year befor December 31,		Social Security Retiren Retirement - Exelon	ner \$21,372.00 \$10,342.00				

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Deb	otor 1	Diane First Name	<b>L</b> Middle Name	Foster Last Name	Case number (	if known)					
P	art 3:	List Certa	in Pavments You	ı Made Before You	Filed for Bankruptcy						
6.			•	primarily consumer deb							
<b>.</b>	□ No.	. Neither Deb	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."								
		During the 9	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?								
		☐ No. Go t	o line 7.								
		tota	al amount you paid the	at creditor. Do not includ	of \$6,425* or more in one or a payments for domestic supayments to an attorney for this	port obligations,	such as				
		* Subject to	adjustment on 4/01/1	9 and every 3 years after	that for cases filed on or afte	r the date of adju	ustment.				
	<b>√</b> Yes	s. Debtor 1 or	Debtor 2 or both ha	ve primarily consumer	debts.						
		During the 9	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?								
		☑ No. Go t	No. Go to line 7.								
		cre	ditor. Do not include		of \$600 or more and the total upport obligations, such as chis bankruptcy case.						
	agent, i such as	including one for s child support a	r a business you oper		owner of 20% or more of the 11 U.S.C. § 101. Include pay	-					
8.		in 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that efited an insider?									
	Include	payments on de	ebts guaranteed or co	signed by an insider.							
	▼ No □ Yes		ents that benefited an	insider.							
P	art 4:	Identify Le	egal Actions, Rep	oossessions, and F	oreclosures						
9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or cust modifications, and contract disputes.											
	□ No ✓ Yes	s. Fill in the deta	ails.								
	e title			f the case	Court or agency		Status of the case				
	verse M ine L. Fo	lorgage Solut oster	ions v. Foreclo	sure	Circuit Court of Court Name	Sook county	Pending				
					50 W. Washingto Number Street	n St	On appeal				
Cas	e numbe	er <b>16CH369</b>			Number Street		Concluded				
					Chicago	IL 60	——————————————————————————————————————				
					City		Code				

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Deb	otor 1	Diane First Name	L Middle Name	Foster Last Name	Case number (if kr	nown)		
10.	seized	, or levied?	ou filed for bankrup		erty repossessed, foreclosed	l, garnished, attach	ed,	
	_	. Go to line 11. s. Fill in the infor	mation below.					
11.	. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?							
	✓ No	s. Fill in the detai	ils.					
12.				otcy, was any of your prop ustodian, or another offici	erty in the possession of an a al?	assignee for the be	nefit of	
	✓ No ☐ Yes							
Р	art 5:	List Certair	n Gifts and Cor	ntributions				
13.	Within	2 years before y	ou filed for bankru	uptcy, did you give any gift	s with a total value of more the	han \$600 per perso	n?	
	✓ No ☐ Yes	s. Fill in the detai	ils for each gift.					
14.	. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?						n \$600	
	✓ No ☐ Yes		ils for each gift or c	ontribution.				
P	art 6:	List Certair	n Losses					
15.		1 year before yo lisaster, or gamb		otcy or since you filed for I	oankruptcy, did you lose anyt	thing because of th	eft, fire,	
	✓ No ☐ Yes	s. Fill in the detai	ils.					
P	art 7:	List Certair	n Payments or	Transfers				
16.	anyone	you consulted	about seeking bar	kruptcy or preparing a ba			-	
			апктирксу решкоп р	reparers, or credit counseling	g agencies for services require	ed for your bankrupte	Jy.	
	☐ No ✓ Yes	s. Fill in the detai	ils.	December 1 and a section of		Pote manual	A	
Harold M. Saalfeld Person Who Was Paid				\$2000 check payment	any property transferred	Date payment or transfer was made	Amount of payment	
25 N. County St Ste 2R  Number Street						11/2016	\$2,000.00	
<b>Wa</b> City	ukegan	IL Sta	60085 ate ZIP Code					
		law@gmail.cou ite address	m					
Dere	on Mho N	Made the Payment if	Not Vou					

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Debt			L Middle Neme	Foster	Case number (if k	nown)			
	First Name		Middle Name	Last Name  Description and value of any	property transferred	Date payment or transfer was	Amount of payment		
	ROLD M. SAALFE on Who Was Paid	LD				made	payment		
	NORTH COUNTY	STREE	т			11/09/2016	\$1,667.00		
Numb SUI	ber Street TE 2R								
<u></u>	12.11								
WA!	UKEGAN	IL State	60085-4342 ZIP Code						
Emai	l or website address								
Perso	on Who Made the Paym	ent, if Not	You						
17.	•	-	-	tcy, did you or anyone else a th your creditors or to make	• • • • • • •		perty to		
				you listed on line 16.	payments to your credito	13:			
	✓ No ✓ Yes. Fill in the	details.							
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?								
	Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property).  Do not include gifts and transfers that you have already listed on this statement.								
	✓ No ✓ Yes. Fill in the	details.							
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)								
	✓ No ☐ Yes. Fill in the	details.							
Pa	art 8: List Ce	rtain F	inancial Acco	ounts, Instruments, Safe	e Deposit Boxes, and	Storage Units			
20.	Within 1 year befo	-	•	tcy, were any financial accou	ints or instruments held i	n your name, or for	your		
	Include checking, s	avings, r	money market, o	r other financial accounts; certi ations, and other financial inst	•	n banks, credit unior	ns, brokerage		
	✓ No  Yes. Fill in the	details.							
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	✓ No ☐ Yes. Fill in the	details.							

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Deb	otor 1	Diane	L	Foster	Case number (if known)		
22	Have v	First Name	Middle Name	Last Name	within 1 year before you filed for bankruptcy?		
<b>~</b> ~ .	☑ No	s. Fill in the details.	n a storage unit or p	Stace other than your nome	within I year before you med for bankinghoy:		
Р	art 9:	Identify Prope	rty You Hold or	Control for Someone E	Else		
23.	•	hold or control any in trust for someon		one else owns? Include an	ny property you borrowed from, are storing for,		
	✓ No ☐ Yes	s. Fill in the details.					
Р	art 10:	Give Details A	bout Environme	ental Information			
For	the purp	oose of Part 10, the	following definitions	s apply:			
	hazardoı	us or toxic substanc	e, wastes, or mater	•	concerning pollution, contamination, releases of urface water, groundwater, or other medium, es, wastes, or material.		
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.						
				mental law defines as a haz minant, or similar item.	zardous waste, hazardous substance, toxic		
Rep	oort all n	otices, releases, and	d proceedings that y	you know about, regardless	of when they occurred.		
24.	Has an	y governmental unit	notified you that yo	ou may be liable or potential	lly liable under or in violation of an environmental		
	✓ No	s. Fill in the details.					
25.	☑ No	ou notified any gove s. Fill in the details.	ernmental unit of an	y release of hazardous mate	erial?		
26.	Have you		ny judicial or admin	istrative proceeding under a	any environmental law? Include settlements and		
	✓ No ☐ Yes	s. Fill in the details.					

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Debtor	1	Diane	L	Foster	Case number (if known)
		First Name	Middle Name	Last Name	
Part	11:	Give Details	About Your Busin	ess or Conne	ctions to Any Business
	ithin 4 usines		u filed for bankruptcy,	did you own a b	usiness or have any of the following connections to any
		A member of a lin A partner in a part An officer, director	mited liability company (	(LLC) or limited lia	1
<u> </u>	_		e applies. Go to Part 1: oply above and fill in the		each business.
		•	u filed for bankruptcy, creditors, or other par		nancial statement to anyone about your business? Include
	] No ] Yes	. Fill in the details	below.		
Part	12:	Sign Below			
that ar proper or botl	nswers ty by t n. 18 (	s are true and cor fraud in connecti	rect. I understand tha	t making a false	ny attachments, and I declare under penalty of perjury statement, concealing property, or obtaining money or a fines up to \$250,000, or imprisonment for up to 20 years,
		oster, Debtor 1		Signature of	Debtor 2
Dat	e	11/14/2016		Date	
Did yo	u atta	ch additional pag	es to Your Statement of	of Financial Affai	rs for Individuals Filing for Bankruptcy (Official Form 107)?
☑ No □ Ye					
Did yo	u pay	or agree to pay s	omeone who is not an	attorney to help	you fill out bankruptcy forms?
☑ No □ Ye		me of person			Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).

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B2030 (Form 2030) (12/15)

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

In	re Diane L Foster	Case No.				
		Chapter	13			
	DISCLOSURE OF COMPENSATION OF ATTOR	NEY FOR	DEBTOR			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the that compensation paid to me within one year before the filing of the petition in baservices rendered or to be rendered on behalf of the debtor(s) in contemplation o is as follows:	inkruptcy, or a	agreed to be paid to me, for			
	For legal services, I have agreed to accept	\$4	1,000.00			
	Prior to the filing of this statement I have received	\$1	1,667.00			
	Balance Due	\$2	2,333.00			
2.	The source of the compensation paid to me was:  ☐ Other (specify)					
3.	The source of compensation to be paid to me is:					
	✓ Debtor Other (specify)					
4.	I have not agreed to share the above-disclosed compensation with any other associates of my law firm.	r person unle	ss they are members and			
	☐ I have agreed to share the above-disclosed compensation with another pers associates of my law firm. A copy of the agreement, together with a list of the compensation, is attached.					
5.	In return for the above-disclosed fee, I have agreed to render legal service for all	aspects of th	e bankruptcy case, including:			
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;					
	b. Preparation and filing of any petition, schedules, statements of affairs and plan	n which may b	pe required;			
	c. Representation of the debtor at the meeting of creditors and confirmation hear	ring, and any	adjourned hearings thereof;			

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B2030 (Form	2030)	(12/15)
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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/14/2016 /s/ HAROLD M. SAALFELD

Date HAROLD M. SAALFELD Bar No. 6231257

HAROLD M. SAALFELD, ATTORNEY AT LAW

25 NORTH COUNTY STREET SUITE 2R

WAUKEGAN, IL 60085-4342

Phone: (847) 249-7538 / Fax: (847) 249-3301

/s/ Diane L Foster

Diane L Foster

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#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Diane L Foster CASE NO

CHAPTER 13

#### **VERIFICATION OF CREDITOR MATRIX**

	The above name	d Debtor here	by verifies tha	t the attached	list of cred	litors is true and	d correct to the	best of his/her
know	ledge.							

Date	Signature // / / / / / / / / / / / / / / / / /	
Date	Signature	